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Emerging Themes in Residential Child and Youth Care Practice in North America

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Abstract

Child and Youth Care practice in North America is, as it should be, in constant evolution. A review of the literature, conversations about practice and participation in the activities of the field reveal certain trends or themes which reflect the state of the field at this particular point in time. This paper identifies and reflects on some of those that seem most relevant to contemporary Child and Youth Care practice in North America.

Key Words: Child and Youth Care, Themes, North America, Integration, Inclusion.

Introduction

Child and Youth Care practice in North America, as is the case with Ireland, is in constant evolution. The location of service, the models of practice and the way in which it is conceptualised are constantly changing form and structure. The purpose of this paper is to attempt to identify some of the ways in which that change is showing up (see also Charles, McElwee & Garfat, forthcoming). In it I will identify some of the themes and trends that one might notice when examining the system of service delivery closely.

What follows is not about all residential programmes in North America for not all Child and Youth Care (CYC) programmes in North America reflect these characteristics. Nor is the identification of these themes meant to suggest that North American CYC practice is more advanced relative to other locations of practice. In fact, this discussion of emerging themes and trends may simply point out to the reader how limited and under-developed we really are in North America.

These trends and themes have been drawn from practice, reading, training, consultation, journal editing, professional conversations and from the international inter-net discussion group called CYC-Net (. In this discussion, I will place some emphasis on themes which I believe indicate some of the more positive areas of advancement in our field in North America. So, for example, if I identify a focus on relationship or connectedness, this is not to suggest that all programmes are moving in this direction. Indeed there are many, far too many, programmes in North America which are still engaged in old ways of practice. Some of these trends and themes represent areas of practice which have been around in more developed programmes for a number of years and are only now becoming more commonplace. Some of them have been emerging for only the past few years. And, unfortunately - but realistically - not all the themes are positive. Table 1 identifies the themes addressed in this paper.

Table 1: Themes in Residential Child and Youth Care practice

Themes in Residential Child and Youth Care Practice

- ***Accountability and Planning*** addresses the pressure currently placed on programmes and personnel to be able to justify that which they do.
- ***Raising the Bar*** speaks to the increasing demands placed on staff to develop greater experience and educational qualifications.
- ***We are of Value Too*** refers to both the sense of frustration which Child and Youth Care (CYC) workers feel at having been considered, historically, to be of lesser value than other professionals, and also to the developing sense of worth within this professional group.
- ***Integration*** is a theme which refers to the movement to de-isolate residential care and also the growing tendency for CYC workers to become contributing members of treatment planning teams.
- ***Inclusion*** refers to the involvement of youth and families in the treatment process and the involvement of CYC workers in the larger treatment system.
- ***Family Counts*** is a reference to the increasing perception of the value and importance of family, and family values, in the treatment process.
- ***Fear of Contact*** refers to concerns about physical contact between youth and helper and the increasing concern about physical aggression.
- ***Meeting Them Where They're At*** refers to the movement of CYC workers to meet youth and families in the places where they live and experience their lives.
- ***Only as Much as You Need*** addresses the phenomena of intervening with youth and families only as much as they need and also to the practice of sometimes offering as little as possible of a particular service.
- ***Doing it Our Way*** speaks to the evolving characteristics of an approach to helping which has become associated with a Child and Youth Care way of working with youth and families.

Themes

Accountability & Planning

There is an on-going theme of 'accountability', which is emerging in North American Child and Youth Care - as it is elsewhere. Whether it be accountability in terms of money and fiscal management, or accountability in terms of specific populations served or treatment outcomes or even accountability in terms of direct practice actions, the 'Age of Accountability' has certainly descended upon us (See Charles, 2001). There was a time in the not too distant past when programmes in North America lobbied for a particular budget and, once received, developed their programme as they saw fit, spending what they had (and often more), until the end of the year arrived and the process was begun again. Indeed, I have worked in - even been the director of - programmes which received an increasing budget year after year, without ever a question being asked about whether the money received was spent appropriately. I have also worked in programmes where - as long as our beds were full - no-one ever asked questions about who was in the programme, what we did with them or how long they had been there.

Those were heady times in Residential Care, when we did largely as we pleased with accountability underdeveloped. It is not that anyone thought we deserved such non-critical support. It is just that we were providing a service at a time when money was available - and what was the service? Removing troubling children from the main social environment so that others could forget about them (Fewster & Garfat, 1993).

In the part of the world where I now work, this is changing dramatically. Part of this change has come about because of reduced monies available for public services, to be sure. Officials wanted to reduce the budgets of residential programmes, just so that they might reduce the budget - no other reason - the government wanted to save money, and without asking how it might impact on children or families, the mighty red pen was removed from the bottom drawer and set to slashing residential budgets. All across the country programmes were reduced and closed, staffing was eliminated, staff training was non-existent - and few alternative services were put in place to compensate for these reduced residential beds.

At the same time there were increased demands to do more, to compensate for the fact that there were fewer beds and fewer services available - *Do more with less* was the sub-text of this movement. And we tried. But we did not do a very good job of it because we, like the rest of the helping profession, didn't really know how to be helpful to troubled children and their families.

The pressure is still there to reduce expenses, and even where the pressure has eased, the theme of 'accountability' has stayed and has permeated other aspects of child and youth care practice. We see more questions now related to accountability.

For example, with regard to **placement** itself we hear questions like:

- Is placement really necessary for this child? Historically, placement was often the service of choice because no other option was available. Now, with a history of questioning of the value of residential placement and a developing array of alternatives to residential placement, it is no longer so easy.
- What is the purpose of placement for this child and family? This type of questioning has led to an increased emphasis on specific intervention plans for specific children and families.

- What is the treatment plan? Demands are being placed on programmes to be able to explain exactly what is being done for this child and family, and how what is being done is expected to be helpful.
- Why has this child been in placement so long? Gone are the days when youth were placed in residential programmes and ignored until they came of age.

With regard to **programmes** we hear questions like:

- For whom is this programme developed? Historically numerous children have been placed in programmes simply because of their need for a 'place' in whichever programme had an open bed. More and more we are asking ourselves, why this child in this programme?
- Why are we still doing what we are doing? People have begun to realise that we have for too long run programmes the way we do, just because that is how we have always done it. As Henry Maier asked in a recent column on CYC-Net "In a review of your programme you might discover that the waking-up time or other scheduled demands were adopted to suit selected youngsters . . . *at that time*. So, is your breakfast time really in tune with your *current* population or in response to the getting-off-to-school time of earlier days? Similarly, do your youngsters really need so much time to get dressed and ready for the day?" (Maier, Sept. 2001)

Is this being done for the children or the staff? This question reflects that fact that so many of our programme components, from scheduling staff time to the choice of specific activities, have been developed because of the needs and desires of staff, not because of their benefit for children or families. Think for a moment about the old traditional Sunday Family Visiting Day - was this for the convenience of parents, or was it done so that parents and other family members interfered as little as possible with the programme?

The theme of Accountability also shows up in the area of staff supervision. First is the increasing expectation by administrators and staff that supportive and helpful supervision be a part of the experience of CYC workers. There is a growing conversation about the need for supervision and a growing set of demands, that supervision be available, and that when it is available, that it be supportive. On the one hand there are the increasingly vocal demands from Child and Youth Care Workers. As one worker commented recently, "My supervisor seems more focussed on getting home by five o'clock than on helping us do our job. This has to be changed. We need support. We need guidance. We need her to help us know what to do".

There are, however, hopeful signs. Recently, for example, the Province of Nova Scotia supported all the supervisors of residential programmes in the province to participate in a year long training programme specifically focussed on Supervision in Residential Child and Youth Care. This programme was implemented because, within the new Provincial Standards for Residential Child Caring Facilities (2001), there is an explicit statement that "The administrative officer of a facility shall provide an ongoing training and development programme for all staff (which) . . . shall include . . . supervision and direction to improve knowledge and skills." In this we see a theme of accountability for ensuring that there is supervision for CYC workers. Planning, then, is the sub-theme of the times. We are frequented by demands to identify how this particular programme will be organised, how the services offered are the same as, or different from, other programmes for youth and families, what the programme will look like

on a day to day basis and, most frequently, to identify the vision for the programme. In the absence of a clearly constructed vision, and a well articulated statement of philosophy, vision and beliefs, funders are less likely to respond positively to requests for funding.

Planning is also becoming more evident in the development of individualised intervention plans for youth and families as referred to previously. The classic Needs, Goals, Strategies and Indicators approach of organisational psychology now permeates programmes across North America (see, for example, Ricks & Charlesworth, 2000). Staff team meetings are directed towards the 'goal of the week' in an attempt to help workers stay focussed on the plans. The question 'what's the goal here?' is heard frequently in the office and on the floor.

As simple as it may seem, this model is a driving force in residential care today. It is modified, of course, depending on the individual philosophy of the programme (for example, what constitutes a need) but it is there none-the-less. And this is a good thing - for too long, the individual worker has showed up in the programme to begin her shift, and then done whatever 'seemed' right to her at the moment. Children were thus subjected to a dozen different intervention plans as each worker implemented their own.

One day in a programme, a youth approached the staff and said he was tired of the programme because 'everyone is always on my back about everything'. We decided to discuss this in the programme team meeting and we went around the table with each team member identifying the main things they were focussed on with this youth. Here is the list . . . and some of the rationale:

- General social skills (so he can have some friends and not be so rejected - maybe he doesn't know how to be with others)
- Rudeness (respect for others)
- Room cleanliness (we all have to do the basics - it is where it all begins)
- Volume of voice (being respectful of others)
- Anger expression (learning to be a socially acceptable person)
- Hygiene (looking good helps you feel good about yourself)
- How he doesn't think about others (learning to be considerate)
- Getting to school (everyone needs an education)
- Following instructions/directions (learning to do as you are told)
- Helping out around the programme (participating and contributing)
- Putting his feet on the table (respect of property starts with the little things)
- Using the phone too long (learning to share with others)
- Talking to his mother (building a relationship for the future)
- Spending time with staff (helping him learn talking is okay)
- Getting some exercise (he has no energy or focus)
- Getting in bed on time (he needs sleep)
- Eating well (nutrition affects the mind and body, maybe he is allergic)

Well, I could go on because there was more. And all of them, by themselves, seemed appropriate. But, no wonder the boy thought the staff was on his back about everything - we were! A plan, well thought out and specific, helps us to maintain a focus and makes life easier for the young person as well - for when you are overwhelmed with demands for change, it must

be hard to decide what to do and to think that you do anything right. We owe it to young people to be clear right from the beginning.

There is an old saying that "the first steps determine the direction" which refers to the fact that if we are concerned about where we are going to end up, we need to be concerned about where we begin. This concern with *'how we begin'* is emerging as a sub-theme of the area of planning in many areas of North American CYC practice.

Articles for example, now talk about 'engagement' and relationship-building' as the necessary first steps in the treatment of young people in the residential environment, based on the belief that if we do not connect with the young person and/or family right from the beginning we are not going to be effective. 'Hanging around', 'hanging out', 'doing together', 'engaging in relationship building activities' are phrases that show up frequently in the modern residential environment. Indeed, I know one programme where the emphasis on the first visits with families is to 'have coffee' and get to know the members of the family. The focus in these early stages is not on change but on connectedness, for if you 'start well' you increase the chances of 'ending well'.

But this emphasis on starting well shows up not just in the treatment relationship. Indeed, this same theme is starting to show up in supervisory relationships in residential care. Supervisors take the time to get to know their staff, to build connections of relationship and trust, before beginning to establish areas of focus or goals in supervision.

This focus on starting well also shows up in programme development. Programme administrators now take the time to get to know the community, to establish relationships with the community and the neighbours before beginning the development of new programmes. This emphasis on 'developing the relationship' is a strong theme emerging in the area of CYC practice.

Raising the Bar

When I first started in this field, there was no place where one could study specifically in Child and Youth Care. Now there is a growing interest in academic environments in providing education specific to our field. This developing set of opportunities is more evident in Canada than in the United States, although there is growing evidence of an increase there as well.

In the US and across the provinces there is a significant increase in concrete movement toward certification/standards for CYC and added pressure for educational programmes. Alberta has re-written and just implemented their certification material and the front-line people and employers are thrilled with the content. Manitoba has developed a specific competency based training programme with 'certification' at the end. This is the same model that got Alberta's certification started about 25 years ago. Nova Scotia is attempting to hire a consultant on certification to assist them. In the US there has been much interest in the NACP document and many states are developing parallel and rigorous processes. Masters programmes are increasing. Some universities (Brock, Western, Guelph) are laying claim to the term 'child and youth studies' which overlaps the 'Child and Youth Care's name. (Child and Youth Studies is used by some college programme as well that are consistent with CYC philosophy). Many of the university programmes are strictly academic without a practice base but some (e.g., Guelph's proposed programme) have practicum bases." (Carol Stuart, private communication, 2001).

It is now common in many North American residential programmes to see job advertisements for CYC workers which demand a Bachelors degree or a specific college certificate, as a basic hiring criterion. More and more, persons applying for supervisory positions are expected to have extensive experience in residential care and appropriate education. With the development of more advanced degree options it will not be long before the expectation for a supervisory position will be an MA in Child and Youth Care, or some similar degree. So, we see in North America an trend towards increased education, and certification for practice. This trend is not without problems as the workers who have been in the field for a number of years find themselves confronted by younger workers, or those who have re-commenced their learning. The old 'education versus experience' debate raises its head sharply.

We Are of Value Too

Closely associated with the theme of 'Raising the Bar' is the theme '*We Are of Value Too*', which speaks to the issue of recognition and respect. For years in our countries, CYC workers have voiced the opinion that they are under-valued, unrespected and discounted as important players in the efforts to help troubled children and their families. Expressions such as "We spend all day with these children but nobody asks us what we think" "It doesn't matter what you know, it only matters what the social workers thinks" or "We have no power" have been common in residential centres across the country. More recently, there have been tremendous efforts made in various states and provinces to develop a more formal recognition of the value and role of CYC workers. Recent initiatives to formalize training, education and certification are an important part of this. Registration in CYC associations appears to be on the rise in some areas, numerous educational programmes are springing up, and most importantly, the individual workers are expressing their concerns openly, not just over a beer at the end of the day. In a recent discussion on CYC-Net Chip Bonsutto, Immediate Past-president of the Ohio Association of Child and Youth Care Professionals stated that:

... child and youth care workers are the driving force behind House Bill 139, which promotes the state licensure of trained and experienced child and youth care workers. In the future, the "meek" licensed child and youth care workers in Ohio would be equal in status with other helping professionals with similar levels of education and experience.

Thus we see that the CYC worker is demanding, and actively working to create, an enhanced professional status. This reflects a developing sense of identity - - and the increasing realisation that CYC is a profession with its own body of knowledge and theories of practice. Workers have slowly begun to recognise themselves as professionals, and their field as one of value. It may well be that we are finally on the verge of giving up the age-old identification of ourselves as 'being of lesser worth' than other professionals, which many have argued is one of the main elements which has been restricting the development of the field as a profession.

Recognition then is a strongly re-occurring theme in North American Child and Youth Care practice, especially for those of us who have been abused by years of criticism of residential care. Perhaps we are coming to the point where we, ourselves, are beginning to believe that we are of value too.

Integration

Residential care, for a variety of reasons, has for years existed in an isolated world (Fewster

& Garfat, 1993). Perhaps it has been related to the old “out of sight, out of mind” philosophy which, when applied to troubled children encouraged us to hide them away in institutions, large or small, so that we, as a society wouldn’t be bothered by seeing them. Somehow, troubled, and troubling, children have always seemed to be an indication of our failure as a people to care and raise our children well. And as long as we didn’t see them we were not reminded of our failure.

Troubled children are also frequently experienced as a threat by those of us who live in the safer worlds of suburbs, community affairs and conservatism. We have spent years trying to answer the ‘why’ question about troubled children, and we have been unsuccessful in coming up with a good answer to the question of ‘why some young people are problematic’. And unfortunately, that which we fail to understand scares us. Whatever the reason, residential care has typically been an isolated service, hidden away.

It was not just because of the philosophies of society that residential care was hidden away. We who worked in the field felt our own inadequateness as we failed to help these children and because we were insecure in what we were doing, we did not want to be observed. So we supported and encouraged our own isolation so that we might work unobserved from those who might criticise our work - other professionals, families, and society at large.

This has begun to change dramatically in North America as more and more governments and organisations move to make residential care a part of a larger more integrated system of services for troubled children and their families. Residential care is now thought of more as a service - one service - in an integrated continuum of care. Table 1 is an example of such an attempt to integrate residential care.

Diagram 1: Multi-Service System



In the diagram we see how residential care is seen as only one part of a range of services to youth and families, who in the past may have been served only by the residential facility. Here instead, youth and families draw on those services that are needed, as the particular family needs them. The services are connected together so that drawing on one or the other does not involve complicated transitions between services.

However, this theme of Integration does not apply only to the organisation of residential care. Increasingly we find CYC workers integrated in to the society as a whole - schools, hospitals, community centers, etc. as residential care and residential care workers move beyond the walls of the institution into the areas in which the children actually live their lives.

Inclusion

Closely tied to the theme of Integration is the theme of Inclusion: inclusion in the lives of children and families, inclusion in decision making, inclusion in the system as a whole. Here are some of the ways in which Inclusion as a theme is showing up in residential care and treatment in North America.

Goal-setting with Children

It is now standard practice for young people in residential centres in North America to be included in the process of goal-setting with regard to their own intervention plan. Wandering around the average residential centre one frequently hears staff reminding young people of the goals towards which they are working - "What's your goal Jonnie?" "Is that consistent with your goals?" "What were the goals we discussed for you for this week?"

This is not just a question of staff teams setting goals for young people and then telling them what the goals are. Many contemporary residential programmes work with young people to ensure that their treatment plans include goals specifically identified by the young people even if these goals do not seem of immediate importance to the desired outcome of placement. Goals such as these serve an extremely important point for they emphasise to the young person that we are serious about our desire to include them in the process and that staff are listening to what the young person has to say because it is important.

Community Involvement

Inclusion as a theme extends to the community as well. There is an evolving expectation that young people living in residential centres will be involved as much as possible in the community that surrounds them and in more advanced programmes, in the community to which they will be discharged. The days of the residential school, for example, are fast passing with young people more and more involved in the regular schools in their communities. Gone too are the days when a young person moving into a residential centre was expected to cut off all ties with the community. Indeed, many a young person involved in a community activity was not able to continue and for some of them their only success was undermined by our work. This is less and less the case - although there are still those programmes which, for example, insist that the young person remain in the programme with no outside contact for the first 30 days or so to become accustomed to the programme and staff.

There is also a developing movement to include the community in the residential centre - the use of volunteers is more common, newly developing residential programmes consult extensively with the surrounding community, and agencies are developing community advisory boards to

help them live more harmoniously within the community. In this sense the residential centre is becoming more a part of the community and the community is becoming more a part of the residential centre.

Inclusion in Clinical Planning

Historically, in North America, the CYC worker was seen as the technological extension of the "real" professions: psychiatry, psychology and social work. Clinical discussions were held outside of the centre and the outcome of those meetings was conveyed to the residential staff with an expectation that they would follow the plans. Typically CYC workers would have little input into the focus of the plan or the development of strategies or techniques for helping the young person. The result was that the residential staff frequently did not understand the reasons for their action and as a result could not own the programme. Perhaps more powerfully, residential staff frequently did not agree with the plan and failed to implement it fully, or even, one must confess, sabotaged the plan.

Now it is becoming more common that the residential staff team is included fully in the treatment planning process, sitting at the table along with the social workers, psychologist, teachers and other professionals as a participating member. While one must recognise that for a variety of reasons the participation of the CYC workers is sometimes limited by their knowledge and their sense of self-worth, this is, none-the-less an emerging standard of practice. There are many programmes where it has become the responsibility of the CYC team to develop, write and implement the treatment plan, with other professionals being used in the role of support staff. Child and Youth Care is beginning, therefore, to take responsibility for the treatment process in numerous North American residential programmes.

Staff Participation in Planning and Programme Development

Just as staff used to wait in the residential centre for the treatment plan to be sent to them, so too did they sit outside of the process of programme planning and development. Staff now advocate being a full part of such development arguing that if they do not participate in the development, they do not own the programme. Last year I was involved with a programme that just wasn't working. On paper the programme looked great: organised days and evenings, defined learning and development programmes, written philosophies and beliefs. The type of programme description that, when you pick it up, makes you turn green with envy . . . until you hit the floor. Then you found staff unmotivated to facilitate real change, concerned only with controlling the behaviour of the young people; staff running programmes with no sense of the rationale or how to effectively implement the programme; staff and youth at war with one another; staff just anxious to get through their shift with the definition of a good day being 'one that I survived'. While the programme looked good on paper, interviews with staff revealed the following:

- many staff did not agree with the underlying philosophy of change: they felt that the model was inappropriate for the population in their programme.
- many staff felt management was only there to control them, just as their job was to control the kids - supervision was about being criticised, not about being supported.
- staff felt that they had no power, they felt that had no influence over the programme - decisions were made up above and handed down to them.
- staff did not engage with the youth in any activities beyond those on the schedule,

because they really did not know what else they might do.

- staff frequently found reasons why they should not follow the programme schedule.
- the programme that staff was running bore little resemblance to the programme on paper.
- staff did not really care about the programme.

Further discussion revealed that the staff initially had very little input in to the programme. It had been designed by management who were not working with the young people and then staff had been hired to implement it. Then management wondered why staff did not seem loyal to the programme. As one staff put it, 'I am not invested in this programme. Why should I be? It is not mine'

Contrast this with another programme that is currently in the process of re-creating itself. The programme is changing from a traditional residential facility where staff efforts were all directed towards the control and management of the children's behaviour to a modern residential programme where the staff is involved with families, in schools, in the community and in the programme. In this programme:

- the full staff team in this programme met on an on-going basis for a period of a year to define a new philosophy of treatment based on relationship and process rather than control and management.
- the staff team refined, in meetings with supervisors, managers and other professionals, the range of services they would offer in the new programme.
- staff members chair some of the committees which will define the specific activities of the new services. Just before I left, I received an email from a CYC worker who is chairing the committee for the development of the new educational supports aspects of the new programmes. On her committee are other residential workers, teachers, special educators, social workers, psychologists, etc., but she, a CYC worker, is the chair of this committee.

Setting the Agenda for Supervision

Another area in which the theme of Inclusion shows up is in the area of supervision. Imagine the following.

Mara was going to supervision. Her manager had spoken to her yesterday and said that it was time they 'had supervision' because there were some things he wanted to discuss. Mara showed up at the appointed time, took a seat across the desk from the supervisor, and watched as he opened his book to a list of topics. Then they started . . . he told her she was not paying enough attention to the life skills programme, that she was going to need to do more work in that area. He told her what he wanted her to do. Then he moved on to the next topic and pointed out to her how she needed to improve in this area as well. And this is how it went until he had finished with his list. When he was done he asked her if she had anything she wanted to talk about. The meeting ended and she went back to the floor, where she started in on criticising the young people.

Later I had the opportunity to talk with her and I asked why she had nothing to say when she was asked if there was anything she wanted to talk about. She replied that by the end of the meeting she had felt to beaten down and tired.

Historically in North America, supervision has been something which was 'done to you'. Frequently in fact, supervision was simply the process of a manager telling you what you were doing wrong, whether that be on an occasional basis or an annual review.

Once I went to a programme and as I was wandering around I saw a staff intervene with a youth. When she was finished, I invited her to sit at the dining room table with me and discuss the intervention. I asked her about why she had chosen that moment to intervene; what alternatives she had considered and why she had chosen this way of intervening; then we started to look more closely at the intervention: the language she had used, how she had positioned herself, etc. Well, this went on for about 20 minutes and as we drew to a close I thanked her for taking the time. She asked me, then, what I had thought of the intervention. I told her I thought it was exceptional and that was why I had wanted to ask about it so that I might understand some of her thinking. She replied 'I wish I had known that when we started . . . It would have been a different discussion . . . for the last 20 minutes I have been waiting to hear you tell me where I was wrong'.

This was her model - supervision is about criticism. It is about itemising where the staff is wrong. More programmes, however, are developing a model of supervision which includes the CYC worker in determining the developmental focus of supervision - and workers are demanding that they be equal and active participants in the supervisory process.

Family Counts

Perhaps the most common theme emerging in North American residential programmes is that 'Family Counts'. Like many areas, North American programmes for the longest time considered that 'family was the enemy'. Parents were seen as the 'cause of the problems' we saw in young people. They were seen as the source of resistance, interference and even the sabotage of what we considered to be our good work with young people (Garfat & McElwee, 2001). When young people left the programmes and went home, the fact that the old behaviours returned was proof to us that parents were really the cause of the problems. After all, the youth did well when she was with us, and now, in going home, the problems emerge so it is obvious that it is the parents' fault. We were 'parent blamers'.

Now, while one must confess that there are still many residential programmes that consider family to be the enemy or the cause of the problems, there is a strongly emerging theme that family counts - whoever that family may be. The essential shift is that family is being seen as a part of the solution, rather than the problem. So what does it mean to say 'family counts'? Here are some of the ways in which this theme is showing up:

- Family members are co-creators of the treatment plan. Their opinion about what is going on, how the situation evolved and what needs to happen in order for them to get on with their lives, is considered valuable. They have become, included in the assessment and treatment planning process.
- Family members have active roles in the treatment process itself. In many programmes there are treatment activities identified for all family members. Parents

may be working on their couple relationship, parenting skills may be a focus, other children in the family may be asked to look at how they interact, extended family may play a role

- Case planning or conferencing makes sure that the family is a part of the conversation. Indeed, in many programmes, families are an integral part of those conferences and planning meetings.
- Child and Youth Care workers are directly involved with families, helping them to change their patterns of daily living, in the programme and in the family home. They are with families at times of wake-up and bed, mealtimes, after school and during the week and on weekends. Children are not just sent home for family visits - they are sent home, with immediate and on-going support.
- Family members are actively included, on an on-going basis, in the life of the facility. In a programme, for example, you might find a family member involved in traditional therapeutic activities such as groups for parents, but you also find things like a father helping to re-design the garden, a mother teaching painting or someone else cooking a cultural dinner.
- The old, prescribed visiting times are gone - parents, especially, are invited to drop in to the programme at times convenient for them, not for the programme. Thus a parent might drop in after work or in the evening during the week.
- The values of the family are incorporated in to the daily decision making for the young people.

Karen was a 14 year old girl living in a residential centre, while attending a regular community school. One day she called from the school saying she wanted to go to the mall after school with her friends. The CYC worker who took the call told Karen that was between her and her parents. The parents were contacted and clearly stated that, in their family, the kids were not to go to the mall to hang out until they were 16. While Karen was angry about this, the involvement of the parents in this decision reinforced their role as parents, reminded Karen that her parents were her parents, and placed the CYC worker in the position of facilitating the relationship between them. In the old days, the worker would simply have made the decision herself.

Fear of Contact

One day I was in a residential centre, wandering around among the staff and young people as is my habit, when I came across an exchange between a young girl and a female staff member. The young girl was upset and asked the worker for a hug. "But not one of those stupid side hugs that you give to keep yourself out of trouble," she said. "I want a real hug." It was a fairly casual situation and there was no known history of difficulties with physical contact with the young girl, nor was she thought to be indiscriminate in the giving or accepting of physical contact. The staff seemed stuck and one could sense her struggle. She, the staff, was a generous, warm, loving woman with strong personal values and ethics. She was aware of boundaries and the issues involved. In essence, she was a wonderful person to have working with kids. But she was stuck - she wanted to respond to the young girl's needs, but she was aware of the contemporary concerns about physical contact with youth. After a brief moment, she asked me what she should do. Here she was, a caring, non-threatening woman, wanting to respond genuinely to a child's need, but she felt unable to do so.

Scenes such as this are being repeated with frightening frequency in residential centres across North America as the prohibition on touch becomes more pronounced (Garfat, 1998). While the example I just mentioned involves a young girl, the issue is there for young boys as well. This is not a gender specific issue; it is permeating all aspects of the residential care-giving relationship. This fear of touch and the conflict, which has arisen between the need for touch and the prohibition against it, is changing the face of Child and Youth Care practice in our residential centres.

While we need to be concerned about inappropriate contact, and to ensure that our children are safe, this developing obsession with the fear of contact will affect the children in care. It models for them not appropriateness, but fear: fear of touch, fear of contact, fear of adults. It has to be re-considered. A young person in pain, who needs a hug, needs a hug and we have to figure out how to respond to this need. There is a difficult balancing, which needs to be done here - and we need to do it.

One cannot address contact, however, without also acknowledging another fear of contact that is emerging strongly in North American residential centres, and that is the fear of physical aggression. More and more CYC workers are expressing their concern that they, or young people in their care, will be hurt by the physical actions of one of the youth. Physical aggression is quickly becoming a reason for not admitting, or for discharging youth in residential programmes. Many workers feel that, as a result of developing alternatives to residential care for many non-violent youth, residential care is becoming a more threatening place to be.

This fear of youth, which is manifest in innumerable ways within our programmes, has the potential for teaching lessons other than those which we would wish: For example, youth in residential programmes might be learning that:

- violence gets you what you want.
- violence keeps others away from you.
- violence puts you in charge.
- fear is the appropriate response to threats of violence.
- adults, even caring adults, cannot protect you.

We need to be asking ourselves, are these the lessons we want youth to learn? This issue of physical violence in our programmes will not go away until we learn how to address it in a manner which is, itself, non-rejecting and non-violent.

Meeting them where they're at

Meeting people 'where they are at' has long been a common expression in North America (Kruger, 1998). It refers, usually, to the idea that we have to adjust ourselves to the position, attitude, framework of others in order to build a relationship with them. It emphasizes that it is our responsibility to adjust to meet other, not other's responsibility to adjust to meet us (Fewster, 1990). In this sense, it is a characteristic of many forms of effective helping, including child and youth care. However, it is not in this metaphorical sense that I use this expression as a theme, although that is also important. Rather, 'meeting them where they are at', has literal meaning in the changing residential agency; it refers to *the location of practice and intervention*.

Referring back to the organizational diagram under Integration, we see that the modern residential centre is directly connected to a variety of other services for young people and families and that many of these offer the opportunity to 'meet people where they are at'. It is now common for workers in these programmes to work in both the residential facility and in the external programmes, in effect bridging the two worlds. Frequently, the residential programme is the core of this extended service.

We see CYC workers going into people's homes, meeting them where they live their lives, whether in time of crisis or calm. We see them working in the community schools, meeting youth where they learn and socialise, we see them in recreation facilities where youth play, in hospitals, on the playgrounds and generally anywhere in the community where one might encounter young people in difficulty. In this literal sense, then, CYC workers are 'meeting people where they are at' - taking the skills, knowledge and help of our field beyond the walls of the institution and into the community, while, in many cases, still maintaining a residential programme base. The skills and learning of residential care are being transferred to other locations of practice and intervention.

Kelly is a residential Child and Youth Care worker in a small rural community. The programme offers short and long term placement, respite care, family intervention, preventative programmes, school support and other services. But it is all integrated in to one programme. Here is an example of Kelly's day.

At 7:00 A.M. she shows up at the residential centre, reads the log and gets a quick shift change from the overnight staff. She then works with the other day staff in helping get the kids off to the various community schools in which they are registered. Once they are off, she spends a bit more time reading the logs, and phones one of the schools to see how one of the youth is doing. There have been a few problems with the young person already so Kelly goes off to the school and spends an hour there helping the youth get back on track. Once this is done, and while heading back to the centre, she drops in on the mother of one of the other children and they talk about how the weekend went, and things she might try when he comes home tonight.

She then checks with her colleague and sets off to a meeting with the family of a young person the team is trying to keep out of placement. The young person is suspended from school and Kelly and the parents plan together about getting him back in to school. She agrees to go with the mother to the school the next day to support her to advocate for her son's re-entry.

Kelly then goes to meet with a consulting psychologist who is helping them with a youth who is cutting herself a lot. Together they plan a strategy, which, when Kelly arrives back at the centre, she discusses with her supervisor. She then logs the information from her various meetings. She debriefs the day with her co-worker, shares a brief shift exchange with the new workers coming in and, because one of the youth has to be in court, she leaves the unit early to sit with the youth during the court process. Once finished, she heads off home. In both a literal and a metaphorical sense, the residential worker is 'meeting people where they are at'.

Only as Much as you Need

Another theme in North America has to do with offering only as much of a service as is needed in order for a family or a young person to function without help. It is not an uncommon thing in Nova Scotia, for example, for a family considering placement to be asked, 'how much does

your child need to live with us in order for you to be able to manage as a family?' Typically surprised by the question because parents, like ourselves, have historically considered residential placement a 24 hour a day, seven day a week proposition, parents frequently respond with the suggestion that the time be shared equally - half at home and half in the residential centre. We are seeing therefore, the evolution of a phenomenon of part-time placement wherein residential care is used only as much as is needed. While on the one hand it seems like a radical idea, it is really just an evolution of the practice of children going home on the weekends, or the more contemporary practice of residential respite, only now the time at home may be during the week or on weekends depending on the needs and strengths of the family.

Along with this phenomenon of part-time placement, we are seeing the evolution of shorter terms of placement - not necessarily shorter terms of service, but shorter terms of placement. Youth who historically may have been placed at the age of 14 and stayed until the age of majority, for example, may now only be in placement for periods of months, with intensive follow-up in their home.

The question behind these changes is one of 'how much do you need'? While being driven by a stated theoretical desire to 'interfere' only as much as is necessary into the lives of children and families, there is a suspicion held by some that the driving force is really economic, as in 'how much do we need to spend in order to offer the minimal (read less expensive) service. So, we also see the theme of 'how much' showing up in other areas, where, as mentioned, the real question is 'how little' as in 'how little can we get away with providing?'

In this, the theme of 'how much' is not a positive helpful theme, but is rather one driven by the desire to reduce expenses. In response to this questioning how little can we offer, there are other voices entering the fray. And they are asking questions like 'how much can we afford to ignore the problems of children?' 'how much can we ask people to endure?' 'how much can we can we reduce expenses at the cost of the disadvantaged and still call ourselves a caring people?' 'how much longer are we, who care for troubled children in residential environments, going to let this go on?'

Doing it Our Way

In many respects the residential treatment centre has been a highly intense learning environment for the past 50 years. As society sought answers for the children of their times, those who we classified as behaviourally disturbed, emotionally disturbed or now troubled and troublesome, were placed in residential centres across North America. As we realized that no one knew what to do with these children and/or how to help them, resources were poured into the programmes. Psychologists, psychiatrists, priests, educators, social workers, specialized therapists, nutritionists . . . everyone lent their expertise to try and help these children and their families.

Throughout the development of the residential treatment centres for children we tried, at various times, saving their souls, teaching them moral rights and wrongs, punishment, control, isolation, discipline, parenting, and any number of a number of approaches all *borrowed* from other professions. As all these borrowed approaches met with limited success, a way of working with troubled children evolved that was particular to those who worked with them on a day to day basis - the Child and Youth Care worker. Indeed, we are now at a place in the development of our field where we can identify a Child and Youth Care approach to helping troubled children and families: an approach that reflects an evolving definition of Child and

Youth Care practice. In essence, it involves a clustering of characteristics which evolved primarily in the residential context. Table 2 lists a number of the characteristics which are becoming more and more associated with a Child and Youth Care approach to working with troubled children and families in North America.

Table 2: Characteristics of a Child and Youth Care Approach

Some characteristics of a Child and Youth Care Approach
to working with youth and families

- The use of daily life events as they are occurring
- Being with people where people live their lives
 - Pro-activity & intentionality in intervention
- Hanging out & Hanging in with youth and families
 - Doing with (not to, or for)
- Engagement & Connection as central to treatment
 - An emphasis on being in relationship
 - The use of a needs-based approach
 - A focus on the present
- Flexibility and individuality in treatment planning
- A consideration of context and meaning making
 - Attention to the rhythmicity in the process
- A focus on themes within the lives of youth and families
- Interventions which recognise issues of attachment and development
 - A realisation that in many ways it is all about us

For many, this evolving definition represents a hope for our professional future as we move to define what it is that we do. Child and Youth Care, Social Care, Residential Social Work - this is our field. It is the place where we, as caring practitioners, find meaningful work. It is the way that we have chosen to help troubled children and their families. And we have finally begun

to define what we mean by 'Doing it Our Way'. And in the end, we are wise to remember the words of Henry Maier. "The quality of care is not so much a singular question of how the workers feel about the children as it is how they translate their care into actions" (2001)

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